Testimony of the Connecticut Society of Eye Physicians
and
The Connecticut State Medical Society
on
RB 6540 An Act Concerning Prescription Eye Drop Refills
Presented to the Select Committee on Aging
On March 3, 2009
by
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Good Afternoon Senator Prague, Representative Serra and other distinguished members of this Committee. For the record my name is Dr. David Emmel, President-Elect of the Connecticut Society of Eye Physicians. I am here today representing the Connecticut Society of Eye Physicians, an organization that includes over 90% of the ophthalmologists practicing in Connecticut, to convey to you the message that the ophthalmologists of Connecticut wholeheartedly support RB 6540. In fact, on February 3rd I testified before the Insurance and Real Estate Committee on this very subject, but as an amendment to another bill, PB 6, An Act Concerning Prescription Drug Co-payments.

This bill seeks one thing, and only one thing, the continuity of therapy required for the preservation of sight. There are a variety of eye diseases that require chronic therapy with medications in eye drop form; glaucoma is the most common of these, it is also one of the leading causes of blindness, an outcome that can be avoided when patients comply with their therapy, and that means using eye drops every single day. The most effective and safest glaucoma medications are very expensive and are not yet available in generic form.

Now, it is not at all unusual for a young and healthy patient to have trouble administering eye drops, getting every drop to hit the eye every time, but it is virtually impossible for the elderly, the infirm,

or those with tremors or arthritis to do this. It seems silly to say that if you drop a pill you can pick it up and try again, we all take that for granted, but you cannot do the same with an eye drop; if you miss the eye the drop is lost forever.

The problem we are encountering, the problem that we are addressing with this bill, is that medication insurance plans typically pay for a one month or a three month supply of medication; not a problem with a pill, just put 30 in a jar if the dose is one pill once a day, but 30 drops in a bottle will invariably mean that the patient falls short before the one month period is up, and for many patients that means they are only treating their glaucoma for 20 days a month, and the other 10 days they are relentlessly on the path toward blindness. This really does happen; patients run out of medications and go to their pharmacy where they are told: "it is too early to refill, come back next week". Many patients cannot tell when their eye drop bottles are almost empty and run out before they have applied for their 3-month supply by mail. They could go to a local pharmacy and pay for a bottle out of pocket, or with a higher co-pay, but typically they choose to "go bare" for a few days and wait for the supply to arrive by mail. Insurance plans will pay for more than one medication if that is what is needed to control a disease; all we are asking is that they also pay for an adequate amount of medicine to treat a disease.

In closing I urge you to support RB 6540 to allow our patients to obtain the amount of medicine they need to control their chronic eye diseases to keep them from going blind.

Thank you for your time. I would be glad to answer any questions you might have concerning this issue.